

## Bonanza Valley State Bank ATM / Debit Card Application

<b>Name:</b> First, MI, Last
<b>Business Name (if applicable):</b>
<b>Social Security Number:</b>
<b>Date of Birth:</b>
<b>Physical Street Address:</b>
<b>Mailing Address:</b>
<b>City:</b>
<b>State:</b>
<b>Zip Code:</b>
<b>Phone Number / Cell Number:</b>
<b>Email Address:</b>
<b>Account # to be attached to Card:</b>
<b>New Account:</b> Yes    No <b>Card Choice:</b> Jaguar or Regular

**Second Card:**

\_\_\_\_\_ First Name, MI, Last Name

\_\_\_\_\_ **Social Security Number:**

\_\_\_\_\_ **Date of Birth:**

\_\_\_\_\_ **Physical Street Address:**

\_\_\_\_\_ **Mailing Address:**

\_\_\_\_\_ **City:**

\_\_\_\_\_ **State:**

\_\_\_\_\_ **Zip Code:**

\_\_\_\_\_ **Phone Number:**

**For Bank Use Only**

Average DDA Balance	_____	# of Cards	_____
Total Deposits	_____	Expiration Date	_____
Verified	_____	Date Card Ordered	_____
Officer Approval	_____	PIN Ordered	_____
ATM / Debit Card #	_____	Reg E	_____

The undersigned in consideration of Bonanza Valley State Bank issuing to me a Debit Card hereby agrees to be legally bound by the following terms and conditions.

**1. Accounts and Uses of Debit Card.** I have the account including such transactions with you set forth on my application form. I hereby request that you issue to me one or more Debit Cards to be used in connection with such accounts as described in this agreement. I understand I may use the Debit Card at any retail establishment (merchant) where Debit Card is accepted to purchase goods and services and/or obtain cash where permitted by the Merchant. If I use the Debit Card to make a purchase, I shall be requesting you to withdraw funds in the amount of such purchased (including any cash received by the Merchant) from my primary transaction account designated on my application form and directing or ordering you to pay such funds to the Merchant. I request that you provide to me such other services or access to other ATM systems or networks using Debit Card which you make available which you advise me are offered in connection with my accounts set forth on my application form. I agree that the uses of the Debit Card described in this agreement shall be subject to the rules and regulations for each account which is accessed by such a card.

**2. Use of personal identification number (PIN) with the Debit Card.** I understand that an ATM is an automated teller machine. I acknowledge that the Personal Identification Number or PIN which I use with the Debit Card is my signature, identifies the bearer of the card to the ATM and authenticates and validates the directions given just as my actual signature and other proof identify me and authenticate and validate my directions to a human teller. I also understand that a Merchant which accepts the Debit Card for a purchase transaction may have an electronic terminal (merchant operated or self-service) which requires the use of my PIN and when my PIN is used at the Merchants terminal, it will authenticate and validate the directions given just as my actual signature will authenticate and validate my directions given to you. I acknowledge that my PIN is an identification code that is personal and confidential and that the use of the PIN with the Debit Card is a security method by which you are helping me to maintain the security of my accounts. Therefore, I agree to take all reasonable precautions that no one else learns my PIN.

**3. I agree to contact you immediately if I believe that the Debit Cards issued to me or my PIN has been lost or stolen or money is missing from my accounts.** I also agree that if my monthly statement shows transaction which I did not make, and I do not contact you within 60 days after the statement was mailed to me, I may not get back any money lost after that time. I agree that if I give my Debit Card and PIN to someone else to use, I am authorizing them to act on my behalf and I will be responsible for any use of the cards by them.

**4. How to contact the BVSb.** I agree to contact the BVSb immediately, if I believe that the Debit Card issued to me or my PIN has been lost or stolen or that an unauthorized transfer or purchase from any of my accounts has occurred or might occur by phoning, and by confirming such information in writing to you at: Bonanza Valley State Bank, 147 Central Ave S PO Box 400 Brooten, MN 56316.

**5. Charges.** I agree to pay the charges or transaction fees which are charged by you for these services or for services which may later be offered as such fees or charges may be imposed or changed from time to time.

**6. Amendment of this agreement.** I agree that from time to time you may amend or change this agreement including amendments or changes to add further Debit Card services or to amend or change the charges for these services. You may do so by notifying me in writing of such amendments or changes and my use of the Debit Card after the effective date of any such amendment or change shall constitute my acceptance of and agreement to such amendment or change.

**7. Disclosures.** I hereby acknowledge the receipt of the disclosure statement informing me of my rights under the Electronic Fund Transfer Act.

**8. If opening a new account, approval for a debit card may take up to 30 days.**

**9. Bonanza Valley State Bank reserves the right to deny any card application.**

**10. I agree that at any time Bonanza Valley State Bank can suspend my card and possibly terminate my card if excessive overdrafts occur.**

**11. I understand this card is not a Credit Card, and that no commitment to extend credit to me will be made by your issuance of the debit card requested.**

**12. I acknowledge and agree to the terms and that, once approved, I will receive the card(s) and PIN by mail in separate mailings to help protect my information.**

**Fees:** Replace Debit Card \$10.00

I certify to the truth of the information on this application. I authorize Bonanza Valley State Bank to issue a Debit Card to the individual(s) named above. I understand that any purchases made with the Debit Card will be deducted from my checking account.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Adult Signature required if applicant is a minor